

**FORSTER-TUNCURRY
MEMORIAL SERVICES CLUB**
Strand Street Forster NSW 2428
Ph:(02) 6554 6255 Fax:(02) 6554 8069



ABN 65 000 919 817

**FORSTER-TUNCURRY
MEMORIAL SPORTS CLUB**
Beach Street Tuncurry NSW 2428
Ph:(02) 6554 9270 Fax:(02) 6555 2127

MEMBERSHIP APPLICATION

PLEASE PRINT CLEARLY

I, Mr, Mrs,
Miss, Ms, (Surname) _____ (Christian Name) _____

of _____ (Postcode) _____

(Postal Address) _____ (Postcode) _____

do hereby make application to become a CLUB MEMBER of the Forster-Tuncurry Memorial Services Club Limited and request you enter my name on the Register of Members. If accepted, I certify I understand and abide by the Constitution, By-Laws and all other rules of the Club. I, the above named nominee, do fully understand that I cannot be elected as a Member of the Club until the Board of Director's meeting following the expiration of fourteen days from the date thereon. In support of my application, I submit the following information:

Telephone (Home) _____ Telephone (Work) _____

Occupation: _____ Date of Birth: _____

Email: _____ I require an Annual Report: YES / NO

Have you ever been suspended from any other Club? YES / NO (Please circle one only)

Signature of Applicant: _____ Date: _____

Fee: \$11 – 1 year subscription \$30 – 3 years subscription \$45 – 5 years subscription

Nominators: We, the undersigned, wish to nominate the above person for Membership to this Club and we guarantee the above person to be over the age of 18 years.

Nominated by: Name _____ Signature _____ No. _____

Seconded by: Name _____ Signature _____ No. _____

Warning: Club By-Laws provide for automatic disqualification of Members nominating and seconding underage persons for Membership.

Any information provided on this form will be used in accordance with Forster-Tuncurry Memorial Services Club Privacy Policy. This Policy is available for collection at the Front Desk or can be viewed at www.ftmsc.com.au

Do you wish to receive marketing material and information about our services? YES / NO

(OFFICE USE ONLY)

Date received: _____ **Identification sighted:** _____ **Receipt No.** _____

Accepted: _____ **Type of Identification:** _____ **Badge No.** _____

Card Issue: _____ **Hold:** _____ **Post:** _____